

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>X-3</i>	<i>601861</i>	<i>1/5</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>6</i>	<i>1-22-00</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		<i>6-16-94</i>	<i>2-11</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	<i>1/2/03</i>
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
stapl additional sheet here

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